## 1998 TC39981 10-9-98

## **IDAHO SUPPLEMENTAL SCHEDULE**

F O R M	3	9
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or the	year January 1 -	December 31, 1998, or	fiscal year beginning		, 1998	, en	ding	g p	, 1999
lame(s) as	shown on return		, , ,					cial Security N	lumber
PART I:	For Form 40 filer	s. If you are filing Forn	n 43, use PART II on th	e back	of this for	m.			
		Device Deduction. See							
Α. Α	illemative Lifergy	Device Deduction. See	insuluctions, page 17.						
Y	ear Acquired	Type of Device	Total Cost		Percent				
1	. 1998		\$	Χ	40%	=	1		
2	. 1997		\$	Χ	20%	=	2		
3	1996		\$	Χ	20%	=	3		
4	1995		\$	Χ	20%	=	4		
5	<ul> <li>Total deduction</li> </ul>	. Add lines 1 through 4	. Enter here and on line	e 19, Foi	rm 40.		5		
R D	etirement Renefit	s Deduction. See instru	ctions nade 10						
		nce (\$16,104 or \$24,156)							
		ts received under federal Ra							
		ts received under Social Se							
		inus lines 2 and 3)					4		
		retirement annuity include					5		
6	. Enter the smaller	of lines 4 or 5 here and or	n line 21, Form 40.				6		
C. (	Other Subtractions	s. See instructions, pag	es 19 and 20.						
	_	ne for the aged and/or deve					1		
		nings, less than \$600 per p							
		n a reservation by a Native A					_		
		a medical savings accoun							
		s. Identify					5		
	i. Total other subtra	actions. Add lines 1 throug		111 40.			6		
D. C	Credit for Income 1	Taxes Paid to Another St	tate. See instructions, i	page 20	).				
			<del>-</del>					Attach :	a copy of the
		, Form 40					_		ax return and
	-	ited income					+	a separa	ite Form 39 for
		come from line 29, Form 40				%	-	each sta credit is c	te for which a
		e 3. Enter percentage here					+-	Creditis	Daimed.
		ine 4. Enter amount here.					5		
		due from its tax table or rat		e tax cred	aits		6		
/	. Enter the smaller of	of lines 5 or 6 here and on	line 40, Form 40.				7		
E. M	laintaining a Hom	e for a Family Member	Age 65 or Older, or a Fa	milv Me	ember Wit	ha			
		ability. See instructions		,					
	-	•				_			
1	3	home for an immediate fa	9					Yes	□ No
2		is/her support? You and yo					ш		
2	•	home for an immediate fa	3	•	•			Yes	□ No
	-	n one-half of his/her suppor		ıay qualıt	Ту		Ш	103	
_		ES to either question, com	plete lines 3 and 4.						
<u>3</u>	. List each tamily me	ember you are claiming:				1			
	Name of	Family Member	Social Security Number	Relations	hip to Person	Da	ate of	f Birth of	Check here if
			of Family Member	Filing	g Return	Fa	amily N	Member	developmental disability
_				1					<u> </u>
_				1					
_				1					
		1/4400 -	<u> </u>	1		<u> </u>			<u> </u>
4		med (\$100 for each qualify	ing member but not more	than \$30	00).	,			
	Enter on line 64, F	orm 40.				4			

C39981-2 10-9-98					
Name(s) as s	nown on return				Social Security Number
PART II:	For Form 43 filers. If you are filing Form 40, use PART	ΓI on th	ne front of this	form.	
A. Oth	ner Subtractions. See instructions, pages 21 and 22.		Colun		Column B
	. •		Tota	<u>al</u>	ldaho
	Idaho resident - Active duty military pay earned outside of Idah		1		
2.	5 7		2		
	Idaho lottery winnings, less than \$600 per prize		3		
4. 5.	Income earned on a reservation by a Native American		4		
6.	Partner's and shareholder's pass-through subtractions		5		
7.	Insulation of Idaho residence		7		
	Technological equipment donation	-	8		
	Interest earned on a medical savings account		9		
	Alternative energy device deduction		,		
	Va an				
	Year Acquired Type of Device Total Cost Perc	ent			
	a. 1998 \$ X 40	% = 10	)a		
	b. 1997				
	c. 1996 \$ X 20	% = 10	С		
	d. 1995	%= 10	d		
11	Other subtractions. Identify.				
	Total other subtractions. Add lines 1 through 11.	1	1		
12.	Enter on line 42, Form 43.	1	2		
	edit for Income Taxes Paid to Another State by Part-Year residents cannot claim this credit. Idaho residents on active mi	Resider	nts. See instruc		
1.	Idaho adjusted income from line 44, Column B, Form 43		1		Attach a copy of the
2.	Other state's adjusted income		2		income tax return and
	Amount on lines 1 and 2 taxed by both states		3		a separate Form 39 for each state for which a
	Idaho tax, line 55, Form 43	_	4	0/	credit is claimed.
	Divide line 3 by line 1. Enter percentage here.		5	%	,
	Multiply line 4 by line 5.				6
1.	Other state's tax due from its tax table or rate schedule less its income tax credits		7		
Q	Divide line 3 by line 2. Enter percentage here.	_	8	%	
	Multiply line 7 by line 8.	_			9
	Enter the smaller of lines 6 or 9 here and on line 56, Form 43.				0
C Cre	edit for Income Taxes Paid to Another State by Idaho Resid	lents on	Active Military	Duty	
	e instructions, page 23.	ICI 113 OI 1	Active Minitary	Duty.	
1.	Idaho tax, line 55, Form 43	Г	1		Attach a copy of the
	Other state's adjusted income		2		income tax return and a separate Form 39 for
3.	Idaho adjusted income from line 44, Column B, Form 43		3		each state for which a
	Divide line 2 by line 3. Enter percentage here.		4	%	credit is claimed.
	Multiply line 1 by line 4. Enter amount here.				5
	Other state's tax due from its tax table or rate schedule less its	s income	tax credits		6
7 .	Enter the smaller of lines 5 or 6 here and on line 56, Form 43.		7		